Name in Full

Certificate of Death

Chas R Baker

Died at Town Hagerstown County Washington MARYLAND

Date 189[illegible] Month Dec Day 24 | Age Y. 28 M. 4 D. 12 | Native of Hagerstown | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 3

Husband / Wife of Emma A Lane 220

Father's Name John Baker

Mother's Name Mary Ann Martin

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick 1 Yr

Immediate: Ulcer of Stomach

~~Accident, Suicide, Homicide~~

Reported by Frank N. Emmert M. D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, CHICAGO

Name in Full E. Boor

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 5 Month 12 Day 2 Y. M. D. Age 25 Native of Occupation

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Grippe 9 How long sick

Immediate

Accident, Suicide, Homicide

Reported by Chas. B. Ingle, M.D.

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Elizabeth Brane

Died Town: Near Rohrersville County: Washington MARYLAND

Date 189 8. Month: 12. Day: 15. Age Y. 82 M. 9 D. 8. Native of: Germany. Occupation: housewife

~~Male~~ Female | White | ~~Colored~~ | Married | Single | Widow | ~~Widower~~ | ~~Divorced~~ | Number of children living: one.

~~Husband~~ Wife of John Brane

Father's Name

Mother's Name 5-7

Cause of Death — Primary: Aortic & Mitral Stenosis. How long sick: 10 years

Immediate: Heart-Failure & old age ~~Accident, Suicide~~, Homicide

Reported by C. O. Baker. M. D.

Address Rohrersville Wash. Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full | Certificate of Death

Daniel Carbaugh

Died at Town Clarfoss County Washington MARYLAND

Date 1898 Month Dec. Day 19th | Age Y. 65 M. 4 D. 10 | Native of Penna. | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 10

Husband ~~Wife~~ of Susan Fry 57

Father's Name Jacob Carbaugh | Mother's Name Susan Stouffer

Cause of Death
- Primary Chronic Valvular Disease of Heart | How long sick
- Immediate Sudden Failure of Heart Force Exertion | ~~Accident, Suicide, Homicide~~

Reported by D. C. R. Miller M.D.

Address Mason & Dixon, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full: Annie Elizabeth Cobin [redacted]

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: Dec; Day: 14; Years: Age 38; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Hagerstown Md

Occupation: Domestic; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

Father's Name: John D. Cobin; Father's Birthplace: near Richmond Va

Mother's Maiden Name: Elizabeth Jane Thompson; Mother's Birthplace: Hampton Manor Md

Name of person giving Information: Samuel Cobin; How related to deceased: brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorrage E; How long

Immediate: How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address [redacted]

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full — Certificate of Death

Robert Cushen

Died at Town: Funkstown — County: Washington — MARYLAND

Date 1898 — Month: 12 — Day: 3 — Age: Y. 64. M. 5 D. 24. — Native of: Sandy Hook — Occupation: Farmer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 8

Husband / ~~Wife~~ of Susan Elizabeth Garver

Father's Name: Robert H Cushen — Mother's Name: Elizabeth Brown

Cause of Death — Primary: Chronic Valvular Heart Disease — How long sick: 13 days (acutely sick)

Immediate: Asphyxia 57 — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: F. S. Newcomer M.D.

Address: Funkstown Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Bertha Coon Neuson

Certificate of Death

Died at Town: Hagerstown County: Washington MARYLAND

Date 189 8 Month: 12 Day: 8 | Age Y. 21 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband Wife of Benjamin F. Neuson

Father's Name Hezekiah Morgan

Mother's Name

Cause of Death: Primary Typhoid Fever 1 — How long sick 6 weeks

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by J M C Scott

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — — Higgins

Certificate of Death

Died at Town Hagerstown County Wash. Co. MARYLAND

Date 1895 Month 12 Day 4 | Age Y. M. D. — | Native of Md | Occupation Home wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number ~~of children~~ living

Husband / Wife of A. J. Higgins

Father's Name — Mother's Name 92

Cause of Death: Primary Nephritis & Carditis — How long sick 6 mo

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by Wm Preston Miller

Address 23 Franklin St Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Wm. Hoult

Died at Town Boonsboro County Washington MARYLAND

Date 1898 Month 12 Day | Age Y. 75 M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Transcript 1/7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7

Name in Full

Certificate of Death

William Isenninger

Died at Town: Funkstown County: Wash MARYLAND

Date 1898 Month 12 Day 18 | Age Y. — M. D. | Native of Md | Occupation School teacher

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children~~ living

Husband / Wife of ——

Father's Name —— Mother's Name ——

Cause of Death: Primary Phthisis 22a | How long sick 3 mo

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Wm Preston Miller

Address 29 W Franklin St. Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full Mrs Amanda Kendell

Certificate of Death

Died at Town Corbett's Addition County Washington MARYLAND

Date 1898 Month 12 Day 28 Age Y. 33 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name John Mummert Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Globe Hagerstown

Address 12-29

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dunkard Ch., Irish Run

Name in Full

Certificate of Death

Annie S. Kline

Died at Town: Boonsboro County: Washington MARYLAND

Date 189 8 Month: Dec Day: 21 | Age Y.: 19 M.: 6 D.: 7 | Native of: Boons. | Occupation: Housework

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of ~~children living~~

Husband / Wife of

Father's Name: Isaac Kline

Mother's Name: Susan D. Miller

Cause of Death — Primary: Phthisis — How long sick: 1 yr

Immediate: Pulmonary Hemorrhage — ~~Accident, Suicide, Homicide~~

Reported by: Dr S. S. Davis

Address: Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. F5068

Name in Full: Robt McCrory

Certificate of Death

Died at Town: Hagerstown County: Washington MARYLAND

Date 1898 Month: Dec Day: 31 | Age Y. 56 M. D. | Native of: Md | Occupation: Cooper

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband / Wife of: Margaret Wise

Father's Name: Mother's Name:

Cause of Death: Primary: Phthisis 22a | How long sick: 2 mo

Immediate: | ~~Accident, Suicide, Homicide~~

Reported by: Ed Wareham

Address: Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary Josephine Malone

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month Dec Day 4 Age Y. 23 M. 11 D. 5 Native of Hagerstown Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Hugh Malone Mother's Name Mary McKelly

Cause of Death: Primary Tuberculosis, 22a How long sick 2 years

Immediate Asphyxiation.

~~Accident, Suicide, Homicide~~

Reported by A S Wesson M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full | Certificate of Death

William Silas Mangans.

Died at Town: Funkstown County: Washington MARYLAND

Date 189 8 Month: Dec Day: 6. Age Y. 46. M. 10. D. 28 Native of: Maryland. Occupation: Laborer

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband / Wife of Margaret Harbaugh.

Father's Name Jacob Mangans Mother's Name Rebecca Grossnickle

Cause of Death: Primary Typhoid Fever / Immediate Heart Exhaustion

How long sick 32 days.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by F. S. Newcomer Md.

Address Funkstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — — Martin

Certificate of Death

Died at Town: Hagerstown County: Wash. Co. MARYLAND

Date 1893 Month: 12 Day: 15 | Age Y. M. D.: 3 | Native of: Md | Occupation: —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | Divorced / Number ~~of children~~ living

Husband / Wife of —

138 b

Father's Name: Jno Martin | Mother's Name: Martha Martin

Cause of Death: Primary: Premature birth | How long sick: 2 days

Immediate: Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by: Wm Preston Miller

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66868

Name in Full: Ruth H. Meredith

Certificate of Death

Died at Town: Boonsboro County: Washington MARYLAND

Date 1898 Month: 12th Day: 24th Age Y. 83 M. 2 D. 24 Native of: Maryland Occupation: Milliner

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife ——

Father's Name: Levi Meredith

Mother's Name: Elizabeth Welsh

Cause of Death: Primary: Phthisis Pulmonalis

Immediate: 22a

How long sick: 2 years —

~~Accident, Suicide, Homicide~~

Reported by: W. B. Wheeler and Son M.D.

Address: Boonsboro Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Lydia A. Meredith

Died at Town Boonsboro County Washington MARYLAND

Date 189 8 Month Dec Day 6th | Age Y. 95 M. 2 D. 8. | Native of Maryland | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Levi Meredith

Mother's Name Elizabeth

Cause of Death: Primary 141 | How long sick

Immediate Old age - General debility | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. T. Wheeler M. D.

Address Boonsboro Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Lydia Meredith

Certificate of Death

Died at Town Bomsboro County Washington MARYLAND

Date 189 8 Month 12 Day 6 Age Y. 95 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Williamsport Leader

Address 12-9

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Jacob Miner

Certificate of Death

Died at Town: Mills County: Washington MARYLAND

Date 1898 Month: DEC. Day: 18 | Age Y. 74 M. 11 D. 9 | Native of Maryland | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

Husband of
Wife

Father's Name John Miner | Mother's Name Phoeb & Miner

Cause of Death — Primary: Enlarged Prostate — How long sick 5 or 6 years

Immediate: General Debility 104

Accident, Suicide, Homicide

Reported by Dr. J. H. Wishard

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Lillie B Munn

Certificate of Death

Died at Town: Hagerstown County: Wash. MARYLAND

Date 1898 Month: Dec Day: 20 | Age Y. 49 M. D. | Native of: Md | Occupation: Housework

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband / Wife of: Samuel A. Munn

Father's Name: Rodney Houston Mother's Name: Margaretta Pacley

Cause of Death: Primary: Appendicitis 95 How long sick: 6 days

Immediate: Peritonitis Accident, Suicide, Homicide

Reported by: Hagerstown Md.

Address: E. A. Wareham

Their signature added by Local Registrar

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

James Murray

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: Dec Day: 5 | Age Y. 54 M. D. | Native of: Md | Occupation: Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Miss Margarite Light

Father's Name Joseph Murray Mother's Name

Cause of Death: Primary 57 How long sick One hour

Immediate Heart Disease Was dead when seen ~~Accident, Suicide, Homicide~~

Reported by Frank N. Emmert Md

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full George Rauth

Certificate of Death

Died at Town Hagers County Washington MARYLAND

Date 189 8 Month 12 Day 13 | Age Y. 71 M. 2 D. 28 | Native of Germany | Occupation Shoemaker

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living 10

Husband ~~Wife~~ of Dorothy Born

Father's Name Adam Rauth Mother's Name Elizabeth Grauer

Cause of Death: Primary Pneumonia 72 — How long sick Six days.

Immediate Cardiac failure — ~~Accident. Suicide. Homicide~~

Reported by J. McPhail

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full Catharine Renner

Certificate of Death

Died ~~at~~ near Town Greensburg County Washington MARYLAND

Date 189 8 Month 12 Day 28 Age Y. 60 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 141

Cause of Death Primary Old age

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Globe Hagerstown

Address 12-29

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Charles Rivington Shaw

Certificate of Death

Died at Town Tilghmanton County Washington MARYLAND

Date 189 8 Month Dec Day 13 Age Y. 60 M. 11 D. 8 Native of Md Occupation Boatman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 5

Husband ~~Wife~~ of Mary C. Shaw 57

Father's Name Levi Shaw Mother's Name Elisabeth Harding

Cause of Death Primary organic Heart disease How long sick 20 Mos.

Immediate Sudden Heart failure ~~Accident, Suicide, Homicide~~

Reported by V. M. Reichard M D.

Address Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Mary A. Smith

Died at Fairplay (Town) Washington (County) MARYLAND

Date 189 8 Month Dec Day 20 | Age Y. 71 M. 9 D. 11 | Native of Washington Co | Occupation Housewife

~~Male~~ | White | Married | Widow | ~~Divorced~~

Female | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 7

~~Husband~~

Wife Daniel Smith 153

Father's Name Jacob Palmer | Mother's Name Catharine Rhodle

Cause of Death: Primary General Debility | How long sick 3 years

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by G. W. Reinhard M. D.

Address Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65065

Certificate of Death

Name in Full Solomon Smith

Died at Town Hagerstown County Washington MARYLAND

Date 189 8 Month Dec Day 16 Age Y. 72 M. 11 D. 17 Native of Md Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower ~~Divorced~~ X Number of children living 4

Husband ~~Wife~~ of Elisabeth Moats

Father's Name John Smith Mother's Name Sarah Poffenberg

Cause of Death: Primary Some Sudden 66 How long sick ½ hour

Immediate Heart disease ~~Accident, Suicide, Homicide~~

Reported by David Wolfley Undertaker

Address Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 79706

Attended by Dr. _____

of Had no physi

Seen by Coroner _____

of Ciau Mo in-

quest held

Information contained in this certificate

celved from The Widow

of _____

Name in Full

Bella F Story

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month Dec Day 14 Age Y. 28 M. 3 D. 4 Native of Hagerstown Occupation Clerk

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Ino W Story 22a Mother's Name Sallie M Stoner

Cause of Death: Primary Acute Pulmonary Tuberculosis — How long sick 3 Months

Immediate Genl + Rapid Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by A. S. Mason M.D.

Address Hagerstown Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65963

Name in Full | Certificate of Death

Jno. J. Summers

Died at Town: Beaver Creek County: Washington · MARYLAND

Date 189 8 Month: Dec Day: 26 | Age Y. 58 M. — D. | Native of: Fred. Co | Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of Mary E. Hoover

Father's Name Abram Summer Mother's Name Catherine Main

Cause of Death: Primary Typhoid Fever | How long sick 14 days

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by Dr. S. J. Davis

Address Boonsboro Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65959

Name in Full

Certificate of Death

Vera Swink

Died at Town Hagerstown County Washington MARYLAND

Date 1898 Month Dec Day 4 Age Y. 4 M. 4 D. mos Native of Maryland Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

128

Father's Name D. W. Swink

Mother's Name Annie Swink

Cause of Death

Primary Severe cold

Immediate Cellulitis face & neck

How long sick 10 days

~~Accident, Suicide, Homicide~~

Reported by A H W Kagan

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Roy Virtz

Died Town: near Sandy Hook | County: Wash. | MARYLAND

Date 1894 | Month: 12 | Day: 16 | Age Y.: 1 | M.: 6 | D.: | Native of: Wash. Co. Md. | Occupation:

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Cornelius Virtz | Mother's Name: Mattie Virtz

Cause of Death: Primary: Diphtheria 8a | How long sick: 1 week

Immediate: Bronchial Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by: Dr. B. B. Ranson

Address: Harpers Ferry Jeff. Co. W. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65952

Name in Full

Certificate of Death

Martha Weber

Died at Town Mangansville County Washington MARYLAND

Date 1898 Month Dec Day 31 | Age Y. 60 M. — D. — | Native of Md | Occupation Housework

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name — Mother's Name 97

Cause of Death: Primary Chronic Nephritis — How long sick 4 mos.

Immediate — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Victor D. Miller M.D.

Address Mason + Dixon Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: Geo Wm Widdows Jr

Certificate of Death

Died at Town: Hagerstown County: Wash MARYLAND

Date 1898 Month: Dec Day: 21 | Age Y.: 6 M.: 2 D.: 13 | Native of: Md | Occupation: none

Male / Female | White / Colored | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: Geo Wm Widdows | Mother's Name: Julia May Barnes

Cause of Death: Primary: Diphtheria 8a | How long sick: 10 days

Immediate: Septic Poisoning | Accident, Suicide, Homicide

Reported by: E A Wardlow

Address: Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — Certificate of Death

William R. Wilson

Diod at Town: Green Spring County: Washington MARYLAND

Dato 189 Month: 12 Day: 5 | Age Y. 2 M. 5 D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

Husband / Wife of

Father's Name: Nathan Wilson | Mother's Name: 161

Cause of Death — Primary: Cramps of stomach | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Independent 12-19

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full | Certificate of Death

Martha M. Young

Died at Town: Hagerstown County: Washington MARYLAND

Date 1898 Month: Dec Day: 10 Age Y. 49 M. 3 D. 29 Native of Pa. Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of James B. Young 229

Father's Name Christian Myers Mother's Name Fannie Long

Cause of Death: Primary Phthisis pulmonalis How long sick one year

Immediate " " Accident, Suicide, Homicide

Reported by A. H. W. Hagan M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969